

500-5

25X1

Year _____ Day _____ Branch _____

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

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It is requested that you issue a check in the amount of **\$192.00** drawn to favor of [redacted] This payment represents reimbursement of [redacted] expenses incurred and per diem account while in a travel status on behalf of Project Aquatona. The check should be sent to Room 316, 1911 H St., N.W. for delivery to the payee.

2. For your protection in taking this action, I certify that there is in the custody of the Project Comptroller a sufficient voucher which is consistent with Agency regulations, approved by an appropriate approving authority and certified by an authorized certifying officer in the amount of \$192.00. This expense is properly chargeable as follows:

TRAVEL ORDER NO.	ALLOTMENT SYMBOL	OBIGATION R.F. NO.	OBJECT CLASS	AMOUNT
PCB-DGI Proj 400-36	6-1004-10-001	297	02.1	\$192.00

Dr. 600.2.

3. The Security Office has requested that this voucher not be released through normal administrative channels.

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Authorizes Consulting Officer
Project Coordinator

Distributional

041 - Addressee

3 - Voucher file

4 - Proj Pers file

~~5~~ - Chrono

JHSJ[#]/100

SECRET